

SERFF Tracking Number:	XLAM-125369928	State:	Arkansas
First Filing Company:	Greenwich Insurance Company, ...	State Tracking Number:	## \$50
Company Tracking Number:	07MD-WC-WC38-MU-AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Adoption of NCCI Item B-1387/07MD-WC-WC38-MU-AR		

Filing at a Glance

Companies: Greenwich Insurance Company, XL Insurance America, Inc. (formerly Winterthur International America Insurance Company), XL Specialty Insurance Company

Product Name: Workers Compensation	SERFF Tr Num: XLAM-125369928	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: ## \$50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 07MD-WC-WC38-MU-AR	State Status: Fees not received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Trish Pollard	Disposition Date: 11/30/2007
	Date Submitted: 11/29/2007	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 11/30/2007
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Adoption of NCCI Item B-1387	Status of Filing in Domicile: Not Filed
Project Number: 07MD-WC-WC38-MU-AR	Domicile Status Comments:
Reference Organization: NCCI	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/30/2007	
State Status Changed: 11/30/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Adoption of NCCI Item B-1387	

Company and Contact

Filing Contact Information

Patricia Pollard, Compliance Analyst	patricia.pollard@xlai.com
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Product Name: Workers Compensation
Project Name/Number: Adoption of NCCI Item B-1387/07MD-WC-WC38-MU-AR

1201 N. Market Street (302) 661-7010 [Phone]
Wilmington, DE 19801 (302) 778-4190[FAX]

Filing Company Information

Greenwich Insurance Company CoCode: 22322 State of Domicile: Delaware
1201 North Market street Group Code: 1285 Company Type:
Suite 501
Wilmington, DE 19801 Group Name: State ID Number:
(866) 304-3079 ext. [Phone] FEIN Number: 95-1479095

XL Insurance America, Inc. (formerly Winterthur CoCode: 24554 State of Domicile: Delaware
International America Insurance Company)
1201 North Market street Group Code: 1285 Company Type:
Suite 501
Wilmington, DE 19801 Group Name: State ID Number:
(800) 394-3909 ext. [Phone] FEIN Number: 75-6017952

XL Specialty Insurance Company CoCode: 37885 State of Domicile: Delaware
1201 N. Market Street Group Code: 1285 Company Type:
Suite 501
Wilmington, DE 19801 Group Name: State ID Number:
(800) 394-3909 ext. [Phone] FEIN Number: 85-0277191

SERFF Tracking Number: XLAM-125369928 State: Arkansas

First Filing Company: Greenwich Insurance Company, ... State Tracking Number: #? \$50

Company Tracking Number: 07MD-WC-WC38-MU-AR

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Adoption of NCCI Item B-1387/07MD-WC-WC38-MU-AR

Filing Fees

Fee Required? Yes

Fee Amount: \$0.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Greenwich Insurance Company	\$0.00	11/29/2007	
XL Insurance America, Inc. (formerly Winterthur International America Insurance Company)	\$0.00	11/29/2007	
XL Specialty Insurance Company	\$0.00	11/29/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
64296	\$50.00	11/29/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/30/2007	11/30/2007

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Disposition

Disposition Date: 11/30/2007

Effective Date (New): 11/30/2007

Effective Date (Renewal):

Status: Approved

Comment: All workers' compensation filings are prior approval in Arkansas. Your requested effective date is October 1, 2007 which is prior to the date we received the filing. The earliest effective date I can approve this filing is the date we reviewed the filing. I am approving it effective November 30, 2007.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>XLAM-125369928</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Greenwich Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	11/30/2007
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Comments:

Attachment:

NAIC Transmittal-AR.pdf

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	11/30/2007
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Bypass Reason: N/A to this filing

Comments:

Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	11/30/2007
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Bypass Reason: N/A to this filing

Comments:

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
XL America, Inc.	1285

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Greenwich Insurance Company	DE	22322	95-1479095	
XL Specialty Insurance Company	DE	37885	85-0277191	

5. Company Tracking Number	07MD-WC-WC38-MU-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Patricia Pollard 1201 N. Market St, Suite 501 Wilmington, DE 19801	Senior State Filings Analyst	302-661-7059	302-778-4190	Patricia.Pollard@xlgroup.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Patricia Pollard		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	Workers Compensation
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers Compensation
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/01/2007 Renewal: 10/01/2007
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	Item B1387A Revisions to Basic Manual Classifications
18. Company's Date of Filing	
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	07MD-Wc-Wc38-MU-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Greenwich Insurance Company and XL Specialty Insurance Company are hereby filing to adopt NCCI Item B-1387, Revisions to Basic Manual Classifications-Amendment.

We propose an effective date of October 1, 2007.

Trusting that all is in order would you please acknowledge or approve our filing as required. Should you have any questions or need any additional information please feel free to contact me at the phone number or email address below.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 64296 Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>



*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**